



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**LEGAL DEFENSE FUND
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: L.D.F. 014

1b. Legal Defense Fund Name:
Scott Benson Legal Defense Fund

1c. Legal Defense Fund Address:
20061 Kelly Rd
Detroit, MI 48225

1d. Legal Defense Fund Phone: 313-269-1224

2a. Official's Full Name: Scott Benson

2b. Official's Office: Detroit City Council, 3rd District

3a. Treasurer's Full Name:
Scott Benson

3b. Treasurer's Residential Address:
20061 Kelly Rd
Detroit, MI 48225

3c. Treasurer's Business Address:
20061 Kelly Rd
Detroit, MI 48225

3d. Treasurer's Phone Number(s): 313-269-1224

4a. Quarterly Transaction Report Covering:

☐ January 1 – March 31; Due: April 25th

☐ April 1 – June 30; Due: July 25th

☐ July 1 – September 30; Due: October 25th

☒ October 1 – December 31; Due: January 25th

4b. ☐ Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)

5. ☐ Dissolution of Legal Defense Fund:

Effective Date of Dissolution
____/____/____

By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.

6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Official's Signature and Date: Scott Benson 1,24,22

Treasurer's/Designated Record Keeper's Signature and Date: Scott Benson 1,24,22



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ 4,600.00	1b. \$ 9,600.00
2. In-Kind Contributions	2a. \$ 0.00	2b. \$ 5,000.00
3. TOTAL CONTRIBUTIONS	3a. \$ 4,600.00	3b. \$ 14,600.00
4. Itemized Expenditures	4a. \$ 3,953.00	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ 15.00	
6. TOTAL EXPENDITURES	6a. \$ 3,968.00	6b. \$ 13,468.00
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ 500.00	
8. Amount received during reporting period (Item 1a.)	8. \$ 4,600.00	
9. SUBTOTAL Add lines 7 and 8	9. \$ 5,100.00	
10. Amount expended during reporting period (Item 6a.)	10. \$ 3,968.00	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ 1,132.00 *	
* The ending balance must always be a positive number.		



**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: L.D.F. 014 Scott Benson Legal Defense Fund		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Scott Benson **LOAN**</u> <u>20061 Kelly Rd</u> <u>Detroit, MI 48226</u> 3. Date of Receipt: <u>11/04/2021</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Council Member</u> Employer: <u>City of Detroit</u> Place of Business: <u>2 Woodward Ave Detroit MI</u>		\$ <u>3,600.00</u>	\$ _____	\$ <u>13,600.00</u>
2. Name and Address: <u>Cognos Marketing, LLC</u> 3. Date of Receipt: <u>11/15/2021</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>N/A</u> Employer: <u>N/A</u> Place of Business: <u>N/A</u>		\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>4,600.00</u>	\$ _____	\$ <u>14,600.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>4,600.00</u>	\$ _____	\$ <u>14,600.00</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: L.D.F. 014 Scott Benson Legal Defense Fund	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Dykema Gossett PLLC 201 Townsend St. Ste. 900 Lansing, MI 48933	Compliance Fees	11/08/2021	\$ 1,953.00
Steven Fishman 615 Griswold St #1125 Detroit, MI 48226	Legal Fees	11/16/2021	\$ 2,000.00
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Page Subtotal			\$ 3,953.00
Grand Total (Complete on last page of Schedule)			\$ 3,953.00
Page 1 of 1			Forward to #3 Summary Page

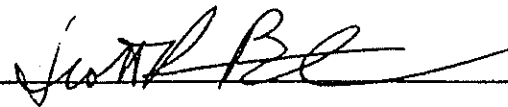


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

Report must be legible, typed or printed in ink and
signed by the Treasurer/Designated Record Keeper
and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>L.D.F. 014</u></p> <p>1b. Legal Defense Fund Name: Scott Benson Legal Defense Fund</p> <p>1c. Legal Defense Fund Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>1d. Legal Defense Fund Phone: <u>313-269-1224</u></p>	<p>2a. Official's Full Name: Scott Benson</p> <p>2b. Official's Office: Detroit City Council, 3rd District</p>
<p>3a. Treasurer's Full Name: Scott Benson</p> <p>3b. Treasurer's Residential Address: 20061 Kelly Rd Detroit, MI 48225</p>	<p>3c. Treasurer's Business Address: 20061 Kelly Rd Detroit, MI 48225</p> <p>3d. Treasurer's Phone Number(s): <u>313-269-1224</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>	
<p>Official's Signature and Date: <u></u> <u>25, Oct 21</u></p>	
<p>Treasurer's/Designated Record Keeper's Signature and Date: _____</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>5,000.00</u>	1b. \$ <u>5,000.00</u>
2. In-Kind Contributions	2a. \$ <u>5,000.00</u>	2b. \$ <u>5,000.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>10,000.00</u>	3b. \$ <u>10,000.00</u>
4. Itemized Expenditures	4a. \$ <u>9,500.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>9,500.00</u>	6b. \$ <u>9,500.00</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>10,000.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>10,000.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>9,500.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>500.00</u> *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: L.D.F. 014 Scott Benson Legal Defense Fund		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Scott Benson **LOAN**</u> <u>20061 Kelly Rd</u> <u>Detroit, MI 48225</u> 3. Date of Receipt: <u>08/27/2021</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Council Member</u> Employer: <u>City of Detroit</u> Place of Business: <u>2 Woodward Ave., Detroit, MI 48226</u>		\$ _____	\$ <u>5,000.00</u>	\$ _____
2. Name and Address: <u>Scott Benson **LOAN**</u> <u>20061 Kelly Rd</u> <u>Detroit, MI 48225</u> 3. Date of Receipt: <u>09/23/2021</u> 4. If over \$100.00 cumulative, please provide: Occupation: <u>Council Member</u> Employer: <u>City of Detroit</u> Place of Business: <u>2 Woodward Ave., Detroit, MI 48226</u>		\$ <u>5,000.00</u>	\$ _____	\$ <u>10,000.00</u>
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ _____	\$ _____	\$ _____
Page Subtotal:		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>	\$ <u>10,000.00</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>	\$ <u>10,000.00</u>
Page <u>1</u> of <u>1</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 2
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

L.D.F. 014 Scott Benson Legal Defense Fund

2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Steven Fishman 615 Griswold St # 1125 Detroit, MI 48226	In-Kind from Scott Benson: Legal Fees	08/27/2021	\$ 5,000.00
Dykema Gossett PLLC 201 Townsend St. Ste. 900 Lansing, MI 48933	Compliance Fees	09/27/2021	\$ 1,500.00
Steven Fishman 615 Griswold St # 1125 Detroit, MI 48226	Legal Fees	09/27/2021	\$ 3,000.00
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Page Subtotal			\$ 9,500.00
Grand Total (Complete on last page of Schedule)			\$ 9,500.00
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #:

2. Type of Filing: ☒ Original Filing ☐ Amendment: Items: _____ Eff. Date: _____

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")
Scott Benson Legal Defense Fund

4. Public Official Full Name (Last, First, M.I.):

Benson, Scott

5a. Office (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> State Senator	<input type="checkbox"/> MSU Trustee	<input type="checkbox"/> Circuit Court	<input checked="" type="checkbox"/> Local or Other please specify: Detroit City Council
<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Rep.	<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> District Court	
<input type="checkbox"/> Sec. of State	<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Probate Court	
<input type="checkbox"/> Attorney General	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> Appeals Court	<input type="checkbox"/> Municipal Court	

5b. District/Circuit # or Jurisdiction: District 3

6. A description of the criminal, civil or administrative action at issue:

Unknown (search warrant)

7. Date of Initial Contribution/Expenditure: 08 / 27 / 21

8a. Complete Mailing Address (May be PO Box):

20061 Kelly Rd
Detroit, MI 48225

8b. Complete Street Address (May not be PO Box):

20061 Kelly Rd
Detroit, MI 48225

8c. Legal Defense Fund Phone #: 313-269-1224

8d. Legal Defense Fund Fax #:

8e. Legal Defense Fund E-mail Address: srbenlxix1@gmail.com

8f. Legal Defense Fund Web Address:

9a. Treasurer Name and Complete Street Address:

Scott Benson
20061 Kelly Rd.
Detroit, MI 48225

9b. Treasurer Phone #:

9c. Treasurer E-mail Address: srbenlxix1@gmail.com

10. Designated Recordkeeper Name:

Rena Moore

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)

PNC Bank
120 N Washington Sq Ste 100
Lansing, MI 48933

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Public Official Signature: 

30 AUG 21
Date

Current Treasurer Signature: _____
Date